UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7/19/05 2 Serial/Patent # 0/518819					
3 Please refund the following fee(s):	4 PAPI NUMI		5 DATE FILED	6 AMOUNT	
Filing			12/20/04	\$ 100	
Amendment			7	\$	
Extension of Time				\$	
Notice of Appeal/Appeal				\$	
Petition				\$	
Issue				\$	
Cert of Correction/Terminal Disc.				\$	
Maintenance			-	\$	
Assignment				\$	
Other				\$	
	7 TOTAL AMOUNT \$ 100				
	8 TO BE REFUNDED BY:				
10 REASON:	Treasury Check				
Overpayment	Credit Deposit A/C #:				
Duplicate Payment		9 /	8 1	945	
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: HOLASON TITLE: parallegal					
SIGNATURE: A Chilann PHONE: 308-9140					
office:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:	PROVED: DATE:				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B